Therefore, encourage one another and build each other up, just as in fact you are doing"

1 Thessalonians 5:11

Thatcham Park C.E. Primary & Nursery School,

Medicines in School Policy
(previously known as the "Supporting Pupils with Medical Conditions Policy")

Our Christian values underpin our ethos; every child is valued and encouraged to achieve their full potential. Every member of our school community is encouraged to respect and value each other. We want our children to learn to understand and respect our common humanity, diversity and differences so that they can go on to form the effective, fulfilling relationships that are an essential part of life and learning.

Policy Statement

Thatcham Park School is committed to ensuring that all pupils with physical or mental medical conditions receive full access to a supportive education, including school trips and physical education. In line with the statutory DfE Supporting Pupils at School with Medical Conditions guidance and the West Berkshire Council Graduated Response framework, this school will implement necessary reasonable adjustments to reduce barriers to attendance.
We work closely with the West Berkshire Education Attendance Service to prevent health-related persistent absence.

Equality of Opportunity and Inclusion

The school is committed to supporting pupils with medical conditions to participate fully in all aspects of school life, including educational visits, residential experiences, clubs, collective worship, enrichment activities and sporting activities.

The school will consider what reasonable adjustments are required to enable pupils with medical conditions to participate safely and successfully alongside their peers. Risk assessments will be undertaken where appropriate and developed in consultation with parents/carers, pupils and relevant healthcare professionals.

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No pupil will be denied access to education or educational experiences because of a medical condition unless this is necessary to ensure the safety and wellbeing of the pupil or others.

For the purposes of this policy the following definitions apply:

Long term or chronic conditions: A long-term or chronic condition is a health condition that requires ongoing management over a period of months or years. These conditions cannot usually be cured but may flare. These conditions can be controlled with medication, therapy, or other treatments, as needed. Examples include asthma, diabetes, epilepsy, and severe allergies.

Complex medical condition: In line with Department for Education guidance, a complex medical condition is an ongoing, multi-faceted health need.

1. Roles and Responsibilities

1.1. The Employer/Governing Body: Must ensure arrangements are in place to support pupils with medical conditions and that staff receive appropriate training and legal indemnification.

1.2. The employer will fully indemnify staff who act in accordance with their training, this policy, individual healthcare plans and reasonable instructions. Schools must ensure staffing levels, absence cover and contingency arrangements are sufficient to support pupils safely and must not rely on a single trained member of staff.

1.3. The Headteacher: Holds overall responsibility for daily policy implementation, ensuring all relevant staff are aware of a child's condition and that a sufficient number of trained staff are available.

1.4. School Staff: Support is provided on a voluntary basis unless explicitly stated in their contract. Staff must receive documented training from a qualified healthcare professional prior to administering specialised medication. Staff must only administer according to the instructions of a healthcare professional and must not amend or alter medication administration (e.g. crushing or dissolving tablets) without prior consent. No employee should be pressured into undertaking medical, medication-related or healthcare support duties. Refusal to volunteer must not result in detriment, disciplinary action, negative appraisal outcomes or reduced opportunities. Staff who have volunteered may

withdraw from undertaking medical procedures if they no longer feel competent or confident, subject to reasonable notice and alternative arrangements being put in place.

1.5. Parents/Carers: Must provide up-to-date, written medical information, complete the required l consent forms, and deliver medication to the school office in its original packaging. Parents/guardians should be involved in the development and review of their child's individual healthcare plan and carry out any action they have agreed to as part of its implementation (e.g. provide medicines and equipment and ensure that they or another nominated adult are contactable at all times)

2. Individual Healthcare Plans (IHCPs)

For pupils with long-term, chronic, or complex medical needs (e.g., asthma, anaphylaxis, diabetes, epilepsy), an IHCP will be co-produced with parents, school staff, and relevant medical professionals.

In alignment with West Berkshire's approach, IHCPs will detail not just physical medication regimes, but also the educational, social, and emotional adjustments required to support the pupil's overall wellbeing. Plans are reviewed annually or sooner if the child's needs change.
Responsibility for healthcare plan reviews, medication expiry monitoring, parental communications, trip planning, training records and related administration should be clearly allocated to named roles. Schools must ensure sufficient paid working time and resources are made available for these duties.

Individual Healthcare Plans (IHCPs) will be linked to, or become part of, any Education, Health and Care Plan (EHCP) where applicable. Where a pupil has SEND but does not have an EHCP, relevant SEND needs will be referenced within the IHCP where appropriate.

Not all pupils with a medical condition will require an Individual Healthcare Plan. The need for a plan will be considered on an individual basis in consultation with parents/carers and relevant healthcare professionals.

3. Administration & Management of Medicines

Medication will only be administered when it would be detrimental to a pupil's health or school attendance not to do so. The school will not give any medication (prescribed,

or non-prescribed) to a child under 16 without a parent's written consent except in exceptional circumstances or under direction of a medical professional.

3.1. Consent: No medication (prescription or non-prescription) will be administered without parental agreement, for routine medication this must be written, in emergency (e.g. on school trips) verbal consent may be sort from parents and confirmed in writing.

Alternative Treatments

3.2. The school will not administer alternative treatments, including homeopathic remedies, herbal preparations, nutritional supplements or similar products unless they have been prescribed or specifically recommended by a registered medical practitioner and form part of an agreed treatment plan or Individual Healthcare Plan.

3.3. Prescription Medication: Medicines will only be administered if prescribed by a doctor, dentist, nurse, or pharmacist, and where it is detrimental to the pupil's health to withhold it during school hours. Standard short-term antibiotics prescribed 3 times a day should generally be administered at home unless the child's school day is extended. Prescriptions must have been issued and fulfilled in the UK; the school will not accept medication that has been prescribed outside the UK.

3.4. Non-Prescription Medication: (e.g. hay fever, pain relief). Acceptance and administration of over-the-counter medication will be assessed on an individual basis and at the head teacher's discretion.

3.5. Acceptance Criteria: Medication must be hand-delivered by a responsible adult to the school office, a parental consent to administer form must be completed inc (at minimum) pupil name, medication name, dose, time to be administered and be signed by the pupils Parent/Guardian.

Prescription medication must be in its original container, in-date, and display the pharmacist's dispensing label stating the pupil's name, dosage, and frequency. For oral mixtures a measuring spoon/syringe/vessel must be provided by the parent/carer, and the dose of medicine is measured using this.

Non-prescription medication must be in its original container, in-date, be listed on the Medicines and Healthcare products Regulatory Agency database https://products.mhra.gov.uk/ and administered according to manufactures instructions.

3.6. Aspirin: No medication containing aspirin will be given unless explicitly prescribed by a doctor.

3.7. Controlled Drugs: administration of controlled drugs will be done in line with Misuse of Drugs Regulations 2021. Two staff should be present when the drug is administered to double check the dose is correct, administer and witness the administration. Schools must document contingency arrangements for circumstances where only one trained member of staff is available, during educational visits or residential trips, or where staffing shortages make standard arrangements difficult to maintain. *Use WBC risk assessment template or IHCP template in supporting documents to record support plan.*

3.8. Refusal to take medication: If a child refuses to take medicine, staff will not force them to do so. The refusal will be noted in the child's student record and parents/carers informed immediately of the refusal. If a refusal to take medicines results in an emergency, the school's emergency procedures should then be followed.

Administration of Paracetamol

Paracetamol may be administered where:

- a GP, consultant, dentist, nurse practitioner or school nurse has recommended its use;
- parental consent has been obtained;
- administration during the school day is considered necessary.

Examples may include recovery from surgery, fractures or other medical conditions where pain relief has been professionally recommended.

The school will:

- check when any previous dose has been administered;
- only administer medication in accordance with parental consent and professional advice;
- regularly review the ongoing need for administration;
- notify parents/carers whenever medication has been given.

3.9. Paracetamol will not be routinely administered for unidentified pain, fever or illness without appropriate professional guidance.

Antihistamines

The school may administer antihistamine medication for mild allergic reactions where:

- parental consent has been provided;
- the medication has been supplied by the parent/carer, or forms part of the school's approved medical arrangements;
- administration is recorded in accordance with school procedures.

Parents/carers will be informed on the same day that antihistamine medication has been administered.

4. Storage and Access

Pupils with medical conditions should know where their medication is stored and where appropriate have access to it immediately. Parents/carers should be asked to collect all medications/equipment at the end of the school term, and to provide new and in date medication at the start of each term.

4.1. Standard Storage: All routine medications are kept securely in the medical room with each pupil's medicine clearly marked with the pupil's name and the dose to be taken.

Cold storage should be available to ensure that the medications are stored at the correct temperature if stated on the medication label/IHCP or as directed by prescription/written instructions from a healthcare professional. Medications should not be stored in any first aid boxes.

4.2. Controlled drugs (e.g., methylphenidate) are stored securely under double-lock systems in line with the Misuse of Drugs Regulations 2021.

4.3. Emergency Medications: Life-saving devices, including asthma inhalers, adrenaline auto-injectors (AAIs), and glucose packs etc, must be secure (to restrict unauthorised access) but never be locked away. They are to be stored in clearly labelled, accessible locations known to all staff, or carried by the pupil if deemed competent within their IHCP.

Whilst staff should use their professional judgement in each individual case, it is generally not acceptable to:

- prevent pupils from accessing their prescribed medication or medical equipment;
- assume all pupils with the same condition require identical support;
- ignore the views of pupils or parents/carers;
- disregard medical advice without appropriate justification;
- send pupils home regularly because of a medical condition where appropriate support can be provided in school;

- send unwell pupils unaccompanied to seek help;
- penalise attendance where absences are related to an established medical condition;
- prevent pupils from accessing food, drink, toileting facilities or rest breaks needed to manage their condition;
- require parents/carers to attend school to administer medication or provide routine medical support;
- exclude pupils from trips, visits or wider school activities because of a medical condition unless a risk assessment identifies this as necessary;
- administer medication in toilets.

Emergency Medication

Emergency medicines, including asthma inhalers, adrenaline auto-injectors (AAIs), glucose treatments and similar life-saving medication, will remain immediately accessible to authorised staff at all times.

Where medicines are stored within a secured room or cabinet, arrangements will ensure that access is not delayed in an emergency.

Pupils who have been assessed as competent to carry their own emergency medication may do so where this is recorded within their Individual Healthcare Plan.

5. Record Keeping

Recording and Communication

The school maintains records of medication administration in accordance with school procedures.

Records will include:

- pupil name;
- medication administered;
- dosage;
- date and time;
- name of the member of staff administering the medication.

Parents/carers will be informed whenever prescription medication, paracetamol or antihistamine medication is administered. Communication may take place by telephone, MCAS messaging, email or other agreed communication systems and will be recorded where appropriate. A written log should be kept with the medication, this must be checked prior to administering to ensure it has not already been given and completed immediately following each instance of medication delivery.

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6. Staff training

6.1. Staff who administer specialized or emergency care as part of a pupil's IHCP will receive appropriate training, in addition to basic first aid training, and support to carry out their duties. Arrangements should be in place to cover staff absence or staff turnover so that someone with appropriate training is always available. Training must be provided during paid working time, refresher training must be provided regularly and recorded, staff must not undertake duties until training has been completed and competency confirmed, schools must provide cover arrangements to enable staff to attend training, and training records should be maintained centrally.

6.2. All staff will receive auto injector/allergens training as outlined in the Whole School Allergens Policy.

7. Emergency Procedures

The school's emergency plan will outline clear routing for calling emergency services (999) and directing paramedics. If a pupil needs to be taken to hospital, a staff member will accompany them and remain present until a parent or carer arrives. Following any serious medical emergency, the school will provide post-incident support for affected staff if appropriate. This should include a structured debrief, access to counselling or Employee Assistance Programme services where available, appropriate welfare support, and review meetings to identify lessons learned and any further support required.

8. Managing Medication on Offsite or Residential Trips

Risk assessments are completed before each school trip. Risks for pupils with known medical conditions are considered, as well as any potential risk to others. Medication arrangements for visits must reflect the pupil's IHCP, consent forms and risk assessment. The Visit Leader will not automatically hold all pupil medication where an IHCP permits self-carry arrangements or where shared responsibility arrangements are safer and more appropriate. Emergency medicines must remain readily accessible, and any alternative storage or carrying arrangements must be documented before the visit.

8.1. Pupils who require medication for the duration of the trip/residential: Parent/carers must complete medical consent forms before the visit, inc, the medication, circumstances in which it can be administered, the precise time the dose is given and the exact dose. All medication must be provided in the original packaging as supplied from the pharmacy.

8.2. Pain Relief: Pupil's/students who require regular/prescribed pain relief that needs to be taken whilst on a trip/residential visit must bring in their own supply of the medication and parents must complete a medication consent form.
8.3. Emergency medication: The school may take a central store of medication such as Calpol/paracetamol and an anti-histamine on a residential visit. Parental consent must still have been given for administration. This will be achieved as part of the parental consent to act in loco parentis in emergency situations. Prior to administering medication that has not been directly provided by the parent/carer, the Visit Leader will always attempt to contact the parent/carer to explain why the medication is being given.
8.4. Pupils with an Individual Healthcare Plan: For pupils with known medical conditions, staff will make contact with the parent/carer in advance of the trip. This will ensure that they are fully briefed to ensure that there are adequate quantities of medication available, that the pupil's condition is stable, and which emergency details are required should the pupil need to have additional support. This is documented for the Group Leader.
8.5. Controlled drugs: The school will make every effort to accommodate pupils with a medical condition who require controlled drugs to be administered when in the school's care, but off the school premises. For a residential visit, consultation with the venue will need to take place, to ensure safe storage facilities will be in place.
8.6. For all off-site and residential visits involving medicines or medical conditions, the school must document trained staff availability, contingency arrangements for staff absence, and how emergency medication will remain accessible throughout the visit.

Monitoring Arrangements

This policy will be reviewed annually, or sooner where there are changes to legislation, statutory guidance or local authority requirements. The governing board will be responsible for approving the policy and monitoring its implementation.

9. Related Policies, Procedures, Guidelines and Legislation

Health and Safety at Work Act 1974 and the associated regulations, provides that it is the duty of the employer to take reasonable steps to ensure that staff and pupils are not exposed to risks to their health and safety.

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Misuse of Drugs Regulations 2001 and associated regulations regulate the supply, administration, possession and storage of certain drugs are controlled. Schools may have a pupil who has been prescribed a controlled drug.

The Medicines Act 1968 specifies the way that medicines are prescribed, supplied and administered within the UK and places restrictions on dealings with medicinal products, including their administration. Anyone may administer a prescribed medicine, with consent, to a third party, so long as it is in accordance with the prescriber's instructions. This indicates that a medicine may only be administered to the person for whom it has been prescribed, labelled and supplied; and that no-one other than the prescriber may vary the dose and directions for administration.

The School Premises (England) Regulations 2012 (as amended) Regulation 5 provides that maintained schools must have accommodation appropriate and readily available for use for medical examination and treatment and for the caring of sick or injured pupils. It must contain a washing facility and be reasonably near to a toilet. It must not be teaching accommodation. Paragraph 24 of the Schedule to the Education (Independent School Standards) Regulations 2014 replicates this provision for independent schools (including academy schools and alternative provision academies)

The Children and Families Act 2014 Section 100 places a duty on governing bodies of maintained schools, proprietors of academies and management committees of pupil referral units (PRUs) to make arrangements for supporting pupils at their school with medical conditions.

Benedicts Law July 2026
https://www.gov.uk/government/news/stronger-protections-for-children-with-allergies-in-school